



RECEIVED

JAN 30 1995

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V

Technical and Transportation Services  
Environmental Services

Ford Motor Company  
3001 Miller Road, 106 CSB  
Dearborn, Michigan 48121

January 26, 1995

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, IL 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company, Rouge Manufacturing Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

*Joseph D. Preece*  
Joseph D. Preece

copy to: Wayne County Health Department  
Air Pollution Control Division  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH, DOH-ASBESTOS PROGRAM  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909



# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: January 25, 1995  
 Date of Revision(s): N/A  
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

### Please check all that apply:

#### MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
 NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECTSCHEDULE

\* Renovation: Start Date: January 26, 1995  
 End Date: February 11, 1995  
 + Asb. Removal: Start Date: February 11, 1995  
 End Date: February 12, 1995  
 + Demolition: Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Feb. 11-12, 1995 6:00 am - 6:00 pm

Demolition: \_\_\_\_\_

Encapsulation: \_\_\_\_\_

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
728				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Company  
 Mailing Address: 3001 Miller Rd., 106 CSB  
 City/State/Zip: Dearborn, Michigan 48121  
 Contact: W. Bryant Phone: ( 313 ) 322-5822

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: N/A  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Company  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, Michigan 48121  
 Contact: W. Bryant Phone: ( 313 ) 322-5822

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Dearborn Glass Plant  
 Location Address: 3001 Miller Rd.  
 Nearest Major Crossroad: Road 4  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) 900,000 No. of Floors: 2 Floor No.: 1st  
 Age: 70 Present Use: Windshield or Use: N/A  
 Specific Location(s) Within Facility: Lehr, located on 1st floor between columns A18-A25

## 7. DISPOSAL SITE

Name: Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Allen Park, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Rouge Transportation Svcs (Ford)  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Phone: ( 313 ) 338-1700 F. Fuller

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: N/A  
 Name/Title of Person Signing Order: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)

☒ Other: (describe) Non-friable asbestos is contained in the mortar, between bricks of Lehr.

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)

☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Wet methods in conjunction with a full negative pressure containment will be used to bag rows of bricks which will be placed on pellets for transportation to Allen Park Clay Mine Landfill.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

N/A

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Same as no. 11.b above. Air monitoring will be performed in accordance with OSHA and NESHAP regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

Approved asbestos abatement procedures will be performed; including, notification, bulk sampling and lab analysis, wet methods and full negative pressure containment, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey identified said mortar as containing asbestos. Any questionable material will be treated as though it contained asbestos unless subsequent sampling and analysis results prove otherwise.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: N/A.

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

W. Bryant  
Signature of Owner or Abatement Contractor

1/26/95  
Date

W. Bryant  
Signature of Owner or Demolition Contractor

1/26/95  
Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

W. Bryant  
Signature of Building Owner or Lessee

W. Bryant  
Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

OR

**NESHAP Projects in Wayne Co.:**  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

AND

**U.S. EPA, Region 5**  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909 (517) 335-9482



Vehicle Operations

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121

March 3, 1995

RECEIVED

MAR 06 1995

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
 FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 (Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 3/3/95  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type: ☒ Original ☐ Revised ☐ Canceled ☐ Annual

## Please check all that apply:

**MDPH**  
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation NESHAP (DNR/U.S.EPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff- 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation: Start Date: 3/20/95  
 End Date: 4/21/95  
 + Asb. Removal: Start Date: 3/20/95  
 End Date: 4/21/95  
 + Demolition: Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Encapsulation: Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>M - F</u>	<u>7:00 - 4:00</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: K. Bollen Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
 Mailing Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Contact: K. Bollen Rm 410 Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1  
 Location Address: 3001 Miller Rd.  
See Attached Map  
 Nearest Major Crossroad: Miller & Dix  
 City: Dearborn County: Wayne State: MI  
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd  
 Age: 75yrs Present Use: Powerhouse Prior Use: Powerhouse  
 Specific Location(s) Within Facility: Boiler #1 Drum area  
& Adjoining wall tubes on west wall

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
 Location Address: 17005 Oakwood Blvd.  
 City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.  
 Address: 3001 Miller Rd.  
 City/State/Zip: Dearborn, MI 48121  
 Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

(continued on reverse side)

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping    ☐ Fittings    ☒ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 3/3/95  
 Signature of Owner or Abatement Contractor      Date

\_\_\_\_\_  
 Signature of Owner or Demolition Contractor      Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)  
 Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature] 3/3/95  
 Signature of Building Owner or Lessee

\_\_\_\_\_  
 Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,**  
**40 CFR, Part 61,**  
**Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
 Town Center, Ste. B, #200  
 333 S. Capitol  
 Lansing, MI 48933

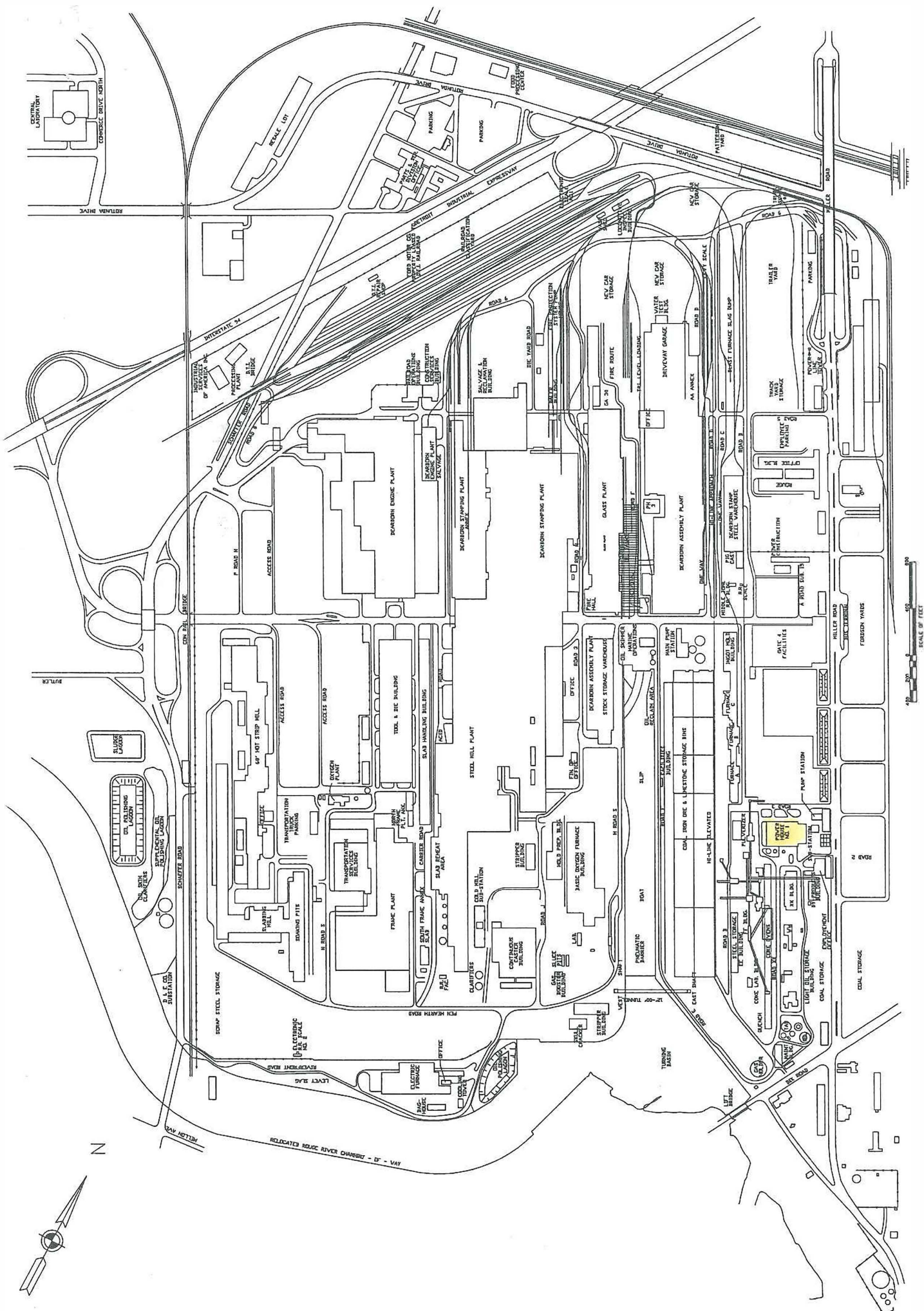
NESHAP Projects in Wayne Co.:  
 Wayne Co. Health Dept., APCD  
 640 Temple, Suite 700  
 Detroit, MI 48201

U.S. EPA, Region 5  
 AT-18J, Asbestos Coord.  
 77 W. Jackson Blvd.  
 Chicago, IL 60604

**Sec. 220(1-4) or (8),**  
**Public Act 135 of**  
**1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
 3423 N. Logan/Martin L. King Jr. Blvd.  
 P.O. Box 30195  
 Lansing, MI 48909      (517) 335-9482







Vehicle Operations

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121

April 12, 1995

RECEIVED

APR 17 1995

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909



# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 40 CFR Part 61, Subpart M  
(\\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

<b>DNR/MDPH USE ONLY</b> Postmark Date: _____ Rec'd Date: _____ <input type="checkbox"/> Ok <input type="checkbox"/> Send Def Ltr. Date Def Ltr. Sent: _____ FOLLOW UP: ____/____/____ Spoke w/: _____ Comments: _____ _____ _____ Notific. No.: _____ Trans. No.: _____	<b>3. ABATEMENT CONTRACTOR</b> Internal Proj. No. _____ Name: <u>Ford Motor Co. - Power &amp; Utility Ops.</u> Mailing Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Contact: <u>K. Bollen Rm 410</u> Phone: <u>(313) 322-9016</u>															
<b>Calculate MDPH Asbestos Project Fee:</b>  <div style="display: flex; justify-content: space-between;"> <span>_____ x 0.01 = _____</span> <span>(Total Project Cost) (1% Project Fee)</span> </div> <b>Contractor License Numbers:</b> Asbestos Abatement: _____ Building: _____ Electrical: _____ Plumbing: _____ Mechanical: _____ Licensing Authority: _____	<b>4. DEMOLITION CONTRACTOR</b> Internal Proj. No. _____ Name: _____ Mailing Address: _____ City/State/Zip: _____ Contact: _____ Phone: (    ) _____															
<b>1. NOTIFICATION</b> Date of Notification: <u>4/12/95</u> Date of Revision(s): _____ Notification Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> Annual <u>Please check all that apply:</u> <b>MDPH</b> <input checked="" type="checkbox"/> Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice <input type="checkbox"/> Emergency Renovation/Encapsulation NESHAP(DNR/U.S.EPA) <input checked="" type="checkbox"/> Planned Renovation 10 working days notice <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Scheduled Demolition above cutoff- 10 working days notice <input type="checkbox"/> Scheduled Demolition below cutoff - 10 working days notice <input type="checkbox"/> Ordered Demolition	<b>5. FACILITY OWNER</b> Internal Proj. No. _____ Name: <u>Ford Motor Co. - Power &amp; Utility Ops.</u> Mailing Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Contact: <u>K. Bollen Rm 410</u> Phone: <u>(313) 322-9016</u>															
<b>2. PROJECT SCHEDULE</b> * Renovation: Start Date: <u>4/17/95</u> End Date: <u>5/1/95</u> + Asb. Removal: Start Date: <u>5/1/95</u> End Date: <u>5/21/95</u> + Demolition: Start Date: _____ End Date: _____ Encapsulation: Start Date: _____ End Date: _____ * Includes setup, building containment, etc., but <u>not</u> removing asbestos Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. <div style="display: flex; justify-content: space-between;"> <div>           Days of the Week            Asb. Removal: <u>M - F</u>            Demolition: _____            Encapsulation: _____         </div> <div>           Work Hours  <u>0700 - 15:30</u> </div> </div> + <input type="checkbox"/> Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of <u>each</u> phase and indicate if it is for asbestos removal, demolition, etc.	<b>6. FACILITY DESCRIPTION</b> Facility Name (or Number): <u>Powerhouse No. 1</u> Location Address: <u>3001 Miller Rd.</u> _____ Nearest Major Crossroad: <u>Miller &amp; Dix</u> City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u> Size: (sq. ft.) <u>282,000</u> No. of Floors: <u>7</u> Floor No.: _____ Age: <u>75yrs</u> Present Use: <u>Powerhouse</u> Prior Use: <u>Powerhouse</u> Specific Location(s) Within Facility: <u>#s 5, 6, 7, &amp; 8</u> <u>Zeolite tanks in southwest corner of building</u>															
<b>7. DISPOSAL SITE</b> Name: <u>Ford Allen Park Clay Mine Landfill</u> Location Address: <u>17005 Oakwood Blvd.</u> City/State/Zip: <u>Dearborn, MI 48101</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>8. WASTE TRANSPORTER 1</b>            Name: <u>Ford Trans. Svcs.</u>            Address: <u>3001 Miller Rd.</u>            City/State/Zip: <u>Dearborn, MI 48121</u>            Phone: <u>(313) 845-5730</u> </td> <td style="width: 50%; padding: 5px;"> <b>WASTE TRANS. 2</b>            Name: _____            Address: _____            City/State/Zip: _____            Phone: (    ) _____         </td> </tr> </table>	<b>8. WASTE TRANSPORTER 1</b> Name: <u>Ford Trans. Svcs.</u> Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Phone: <u>(313) 845-5730</u>	<b>WASTE TRANS. 2</b> Name: _____ Address: _____ City/State/Zip: _____ Phone: (    ) _____													
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<b>9. ORDERED DEMOLITIONS:</b> (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information: Gov't Agency Ordering Demo: _____ Name/Title of Person Signing Order: _____ _____ Date of Order: _____ Date Ordered to Begin: _____																
<b>10. IS ASBESTOS PRESENT?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that <u>will not</u> be removed prior to demolition. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 20%;">RACM to be Removed</th> <th style="width: 20%;">RACM to be Encapsulated</th> <th colspan="2" style="width: 40%;">Non-friable ACM not removed before Demo.</th> <th style="width: 20%;">Unit of Measure</th> </tr> <tr> <td></td> <td></td> <th style="width: 20%;">Category I</th> <th style="width: 20%;">Category II</th> <td></td> </tr> <tr> <td style="text-align: center;">2,500</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.  <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.  <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*         </td> </tr> </table>		RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure			Category I	Category II		2,500				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M. <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M. <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*
RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure												
		Category I	Category II													
2,500				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M. <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M. <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*												

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

(continued on reverse side)

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☒ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other: (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

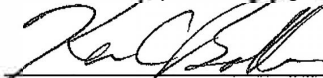
14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility: If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.



Signature of Owner or Abatement Contractor

4/12/95

Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

4/12/95

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,  
40 CFR, Part 61,  
Subpart M**

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

**NESHAP Projects in Wayne Co.:**  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

**U.S. EPA, Region 5**  
**AND** AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

**Sec. 220(1-4) or (8),  
Public Act 135 of  
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

(517) 335-9482



Vehicle Operations

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121



March 15, 1995

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

AIR TOXICS AND RADIATION  
SWATCH  
U.S. EPA. REGION V

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAAP, 40 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

<p><b>DNR/MDPH USE ONLY</b></p> <p>Postmark Date: _____ Rec'd Date: _____</p> <p><input type="checkbox"/> Ok <input type="checkbox"/> Send D&amp;Ltr. Date Delivered: _____</p> <p>FOLLOW UP: _____ Spoke w: _____</p> <p>Comments: _____</p> <p>Notific No.: _____ Trans. No.: _____</p>	<p><b>3. ABATEMENT CONTRACTOR</b> Internal Proj. No. _____</p> <p>Name: <u>Ford Motor Co. - Power &amp; Utility Ops.</u></p> <p>Mailing Address: <u>3001 Miller Rd.</u></p> <p>City/State/Zip: <u>Dearborn, MI 48121</u></p> <p>Contact: <u>K. Bollen Rm 410</u> Phone: <u>(313) 322-9016</u></p>															
<p>Calculate MDPH Asbestos Project Fee:</p> <p>_____ x 0.01 = _____</p> <p>(Total Project Cost) (1% Project Fee)</p> <p>Contractor License Numbers:</p> <p>Asbestos Abatement: _____ Building: _____</p> <p>Electrical: _____ Plumbing: _____</p> <p>Mechanical: _____</p> <p>Licensing Authority: _____</p>	<p><b>4. DEMOLITION CONTRACTOR</b> Internal Proj. No. _____</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Contact: _____ Phone: ( ) _____</p>															
<p><b>1. NOTIFICATION</b></p> <p>Date of Notification: <u>3/3/95</u></p> <p>Date of Revision(s): <u>3/15/95</u></p> <p>Notification Type: <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> Annual</p> <p>Please check all that apply:</p> <p><b>MDPH</b></p> <p><input checked="" type="checkbox"/> Demo, Reno, Encap. (&gt;10 Ln. ft/15 Sq. ft) 10-day notice</p> <p><input type="checkbox"/> Emergency Renovation/Encapsulation</p> <p>NESHAAP (DNR/U.S.EPA)</p> <p><input checked="" type="checkbox"/> Planned Renovation 10 working days notice</p> <p><input type="checkbox"/> Emergency Renovation</p> <p><input type="checkbox"/> Scheduled Demolition above cutoff- 10 working days notice</p> <p><input type="checkbox"/> Scheduled Demolition below cutoff - 10 working days notice</p> <p><input type="checkbox"/> Ordered Demolition</p>	<p><b>5. FACILITY OWNER</b> Internal Proj. No. _____</p> <p>Name: <u>Ford Motor Co. - Power &amp; Utility Ops.</u></p> <p>Mailing Address: <u>3001 Miller Rd.</u></p> <p>City/State/Zip: <u>Dearborn, MI 48121</u></p> <p>Contact: <u>K. Bollen Rm 410</u> Phone: <u>(313) 322-9016</u></p>															
<p><b>2. PROJECT SCHEDULE</b></p> <p>* Renovation. Start Date: <u>3/20/95</u> <u>3/28/95</u></p> <p>End Date: <u>4/21/95</u> <u>4/28/95</u></p> <p>+ Asb. Removal. Start Date: <u>3/20/95</u> <u>3/27/95</u></p> <p>End Date: <u>4/21/95</u> <u>4/28/95</u></p> <p>+ Demolition: Start Date: _____</p> <p>End Date: _____</p> <p>Encapsulation: Start Date: _____</p> <p>End Date: _____</p> <p>* Includes setup, building containment, etc., but <u>not</u> removing asbestos</p> <p>Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.</p> <table style="width: 100%;"> <tr> <th style="width: 50%;">Days of the Week</th> <th style="width: 50%;">Work Hours</th> </tr> <tr> <td>Asb. Removal: <u>M - F</u></td> <td><u>7:00 - 4:00</u></td> </tr> <tr> <td>Demolition: _____</td> <td>_____</td> </tr> <tr> <td>Encapsulation: _____</td> <td>_____</td> </tr> </table> <p>+ <input type="checkbox"/> Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.</p>	Days of the Week	Work Hours	Asb. Removal: <u>M - F</u>	<u>7:00 - 4:00</u>	Demolition: _____	_____	Encapsulation: _____	_____	<p><b>6. FACILITY DESCRIPTION</b></p> <p>Facility Name (or Number): <u>Powerhouse No. 1</u></p> <p>Location Address: <u>3001 Miller Rd.</u></p> <p><u>See Attached Map</u></p> <p>Nearest Major Crossroad: <u>Miller &amp; Dix</u></p> <p>City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u></p> <p>Size: (sq. ft.) <u>282,000</u> No. of Floors: <u>7</u> Floor No.: <u>3rd</u></p> <p>Age: <u>75 yrs</u> Present Use: <u>Powerhouse</u> Prior Use: <u>Powerhouse</u></p> <p>Specific Location(s) Within Facility: <u>Boiler #1 Drum area &amp; Adjoining wall tubes on west wall</u></p>							
Days of the Week	Work Hours															
Asb. Removal: <u>M - F</u>	<u>7:00 - 4:00</u>															
Demolition: _____	_____															
Encapsulation: _____	_____															
<p><b>7. DISPOSAL SITE</b></p> <p>Name: <u>Ford Allen Park Clay Mine Landfill</u></p> <p>Location Address: <u>17005 Oakwood Blvd.</u></p> <p>City/State/Zip: <u>Dearborn, MI 48101</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">8. WASTE TRANSPORTER 1</th> <th style="width: 50%;">WASTE TRANS. 2</th> </tr> <tr> <td>Name: <u>Ford Trans. Svcs.</u></td> <td>_____</td> </tr> <tr> <td>Address: <u>3001 Miller Rd.</u></td> <td>_____</td> </tr> <tr> <td>City/State/Zip: <u>Dearborn, MI 48121</u></td> <td>_____</td> </tr> <tr> <td>Phone: ( ) _____</td> <td>( ) _____</td> </tr> </table>	8. WASTE TRANSPORTER 1	WASTE TRANS. 2	Name: <u>Ford Trans. Svcs.</u>	_____	Address: <u>3001 Miller Rd.</u>	_____	City/State/Zip: <u>Dearborn, MI 48121</u>	_____	Phone: ( ) _____	( ) _____					
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City/State/Zip: <u>Dearborn, MI 48121</u>	_____															
Phone: ( ) _____	( ) _____															
<p><b>10. IS ASBESTOS PRESENT?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will <u>not</u> be removed prior to demolition.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">RACM to be Removed</th> <th style="width: 20%;">RACM to be Encapsulated</th> <th colspan="2" style="width: 40%;">Non-friable ACM not removed before Demo</th> <th style="width: 20%;">Unit of Measure</th> </tr> <tr> <td></td> <td></td> <th style="width: 20%;">Category I</th> <th style="width: 20%;">Category II</th> <td></td> </tr> <tr> <td style="text-align: center;">350</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.  <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.  <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.         </td> </tr> </table>	RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo		Unit of Measure			Category I	Category II		350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M. <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M. <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.	<p><b>9. ORDERED DEMOLITIONS:</b> (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:</p> <p>Gov't Agency Ordering Demo: _____</p> <p>Name/Title of Person Signing Order: _____</p> <p>Date of Order: _____ Date Ordered to Begin: _____</p>
RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo		Unit of Measure												
		Category I	Category II													
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M. <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M. <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.												

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping   ☐ Fittings   ☒ Boiler(s)   ☐ Tank(s)  
☐ Beam(s)   ☐ Duct(s)   ☐ Tunnel(s)   ☐ Ceiling Tile(s)  
☐ Other (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping   ☐ Fittings   ☐ Boiler(s)   ☐ Tank(s)  
☐ Beam(s)   ☐ Duct(s)   ☐ Tunnel(s)   ☐ Ceiling Tile(s)  
☐ Other (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.



3/13/95

Signature of Owner or Abatement Contractor

Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,  
40 CFR, Part 61,  
Subpart M

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

OR

NESHAP Projects in Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

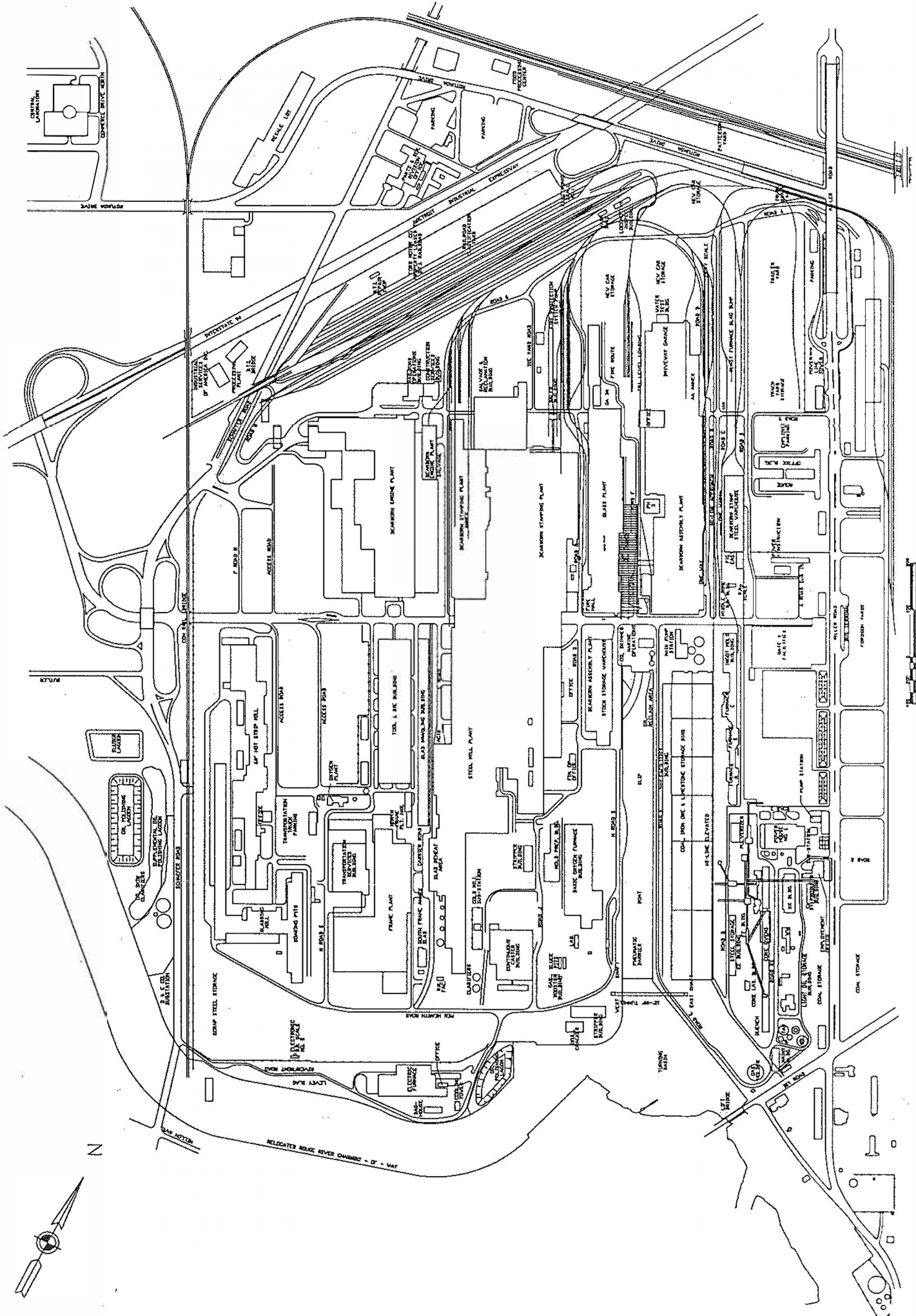
AND

U.S. EPA, Region 5  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

Sec. 220(1-4) or (8),  
Public Act 135 of  
1986 as amended

Mail to: MDPH, DOH-ASBESTOS PROGRAM.  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195







Vehicle Operations

**RECEIVED**  
APR 11 1995

AIR TOXICS AND RADIATION  
BRANCH  
U.S. EPA, REGION V

Technical & Transportation Services  
Power and Utility Operations  
3001 Miller Road  
Dearborn, Michigan 48121

April 7, 1995

U.S. EPA, Region 5  
AT-18J, Asbestos Coordinator  
77 W. Jackson Blvd.  
Chicago, Illinois 60604

**Subject: Notification of Intent to Remove Asbestos During a Renovation Project**

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen  
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

MDPH - Asbestos Program  
3423 N. Logan/Martin L. King Jr. Blvd.  
P.O. Box 30195  
Lansing, MI 48909

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY  
DIV., NESHAP, 43 CFR Part 61, Subpart M  
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM  
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

## DNR/MDPH USE ONLY

Postmark Date: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: \_\_\_\_\_  
FOLLOW UP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/: \_\_\_\_\_  
Comments: \_\_\_\_\_

Notific. No.: \_\_\_\_\_ Trans. No.: \_\_\_\_\_

## Calculate MDPH Asbestos Project Fee:

\_\_\_\_\_ x 0.01 = \_\_\_\_\_  
(Total Project Cost) (1% Project Fee)

## Contractor License Numbers:

Asbestos Abatement: \_\_\_\_\_ Building: \_\_\_\_\_  
Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Mechanical: \_\_\_\_\_  
Licensing Authority: \_\_\_\_\_

## 1. NOTIFICATION

Date of Notification: 3/3/95  
Date of Revision(s): 3/15/95 4/7/95  
Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

## Please check all that apply:

- MDPH  
☒ Demo, Reno, Encap. (> 10 Ln. ft/15 Sq. ft) 10-day notice  
☐ Emergency Renovation/Encapsulation  
NESHAP (DNR/USEPA)  
☒ Planned Renovation 10 working days notice  
☐ Emergency Renovation  
☐ Scheduled Demolition above cutoff - 10 working days notice  
☐ Scheduled Demolition below cutoff - 10 working days notice  
☐ Ordered Demolition

## 2. PROJECT SCHEDULE

\* Renovation. Start Date: 8/20/95 3/28/95  
End Date: 4/21/95 4/28/95  
+ Asb. Removal. Start Date: 3/20/95 3/27/95 5/24/95  
End Date: 4/21/95 4/28/95 6/16/95  
+ Demolition: Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Encapsulation: Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

\* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	M - F	7:00 - 4:00
Demolition:		
Encapsulation:		

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

## 10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M. <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M. <input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

\* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces)

## 3. ABATEMENT CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
Mailing Address: 3001 Miller Rd.  
City/State/Zip: Dearborn, MI 48121  
Contact: K. Bollen Rm 410 Phone: (313) 322-9016

## 4. DEMOLITION CONTRACTOR

Internal Proj. No. \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 5. FACILITY OWNER

Internal Proj. No. \_\_\_\_\_

Name: Ford Motor Co. - Power & Utility Ops.  
Mailing Address: 3001 Miller Rd.  
City/State/Zip: Dearborn, MI 48121  
Contact: K. Bollen Rm 410 Phone: (313) 322-9016

## 6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1  
Location Address: 3001 Miller Rd.  
See Attached Map  
Nearest Major Crossroad: Miller & Dix  
City: Dearborn County: Wayne State: MI  
Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd  
Age: 75 yrs Present Use: Powerhouse Prior Use: Powerhouse  
Specific Location(s) Within Facility: Boiler #1 Drum area & Adjoining wall tubes on west wall

## 7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill  
Location Address: 17005 Oakwood Blvd.  
City/State/Zip: Dearborn, MI 48101

## 8. WASTE TRANSPORTER 1

## WASTE TRANS. 2

Name: Ford Trans. Svcs.  
Address: 3001 Miller Rd.  
City/State/Zip: Dearborn, MI 48121  
Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## 9. ORDER DEMOLITIONS: (See guidelines, obtainable only at DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: \_\_\_\_\_  
Name/Title of Person Signing Order: \_\_\_\_\_  
Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

# NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

## 11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping    ☐ Fittings    ☒ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other (describe) \_\_\_\_\_

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping    ☐ Fittings    ☐ Boiler(s)    ☐ Tank(s)  
☐ Beam(s)    ☐ Duct(s)    ☐ Tunnel(s)    ☐ Ceiling Tile(s)  
☐ Other (describe) \_\_\_\_\_

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility: If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: \_\_\_\_\_

Description of the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 3/13/95  
Signature of Owner or Abatement Contractor

Date

\_\_\_\_\_  
Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature] 3/13/95  
Signature of Building Owner or Lessee

\_\_\_\_\_  
Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,  
40 CFR, Part 61,  
Subpart M

Mail to: Asbestos Coord. DNR, AQD  
Town Center, Ste. B, #200  
333 S. Capitol  
Lansing, MI 48933

OR

NESHAP Projects In Wayne Co.:  
Wayne Co. Health Dept., APCD  
640 Temple, Suite 700  
Detroit, MI 48201

AND

U.S. EPA, Region 5  
AT-18J, Asbestos Coord.  
77 W. Jackson Blvd.  
Chicago, IL 60604

Sec. 220(1-4) or (8),  
Public Act 135 of

Mail to: MDPH, DOH-ASBESTOS PROGRAM,  
3423 N. Logan/Martin L. King Jr. Blvd.